LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380109601

Issued 11/18/93
Expires 05/18/94
Revenue Code 18754

Establishment
REZAC CONSTRUCTION
T9N R5E SEC 8
LOT 52
4921 SW 112 STREET

FEES: $150.00

TOTAL $150.00

Permittee
REZAC CONSTRUCTION
1830 W BURNHAM ST
LINCOLN NE 68522

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 11-17-93

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9 N ; Range 5E ; Section NE 1/4 Sec. 8
   Block _____ : Lot 52 I.T. Addition _____
   Street Address 4921 SW 112th

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ * As Req'd By Perc. Test Results

4. Distance to public sewer: _____ ft.

* Note: Perc. Test Results Will Be Faxed Upon Receipt 11-17-93 - PM. CSR

Chuck Rezac % Rezac Constr.
Signature of Applicant (Owner or Lessee)

1830 W Burnham (22)
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/17/93. Date Frwd. 11/18/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/18/93. Date Frwd. 11/18/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spier

3. City or County Engineer: Date Rec'd. 11-18-93. Date Frwd. 11-18-93. ACTION: Approved ☒ Disapproved ☐ Signature: Dale Gillard

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-1-94 by: P.D
Date: _____ by: _____
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

* Experimental

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-1-94 By: Paul Wiltsman
Provisional Approval Only

FORM 23-43

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 4-1-94

FILE NO. _____

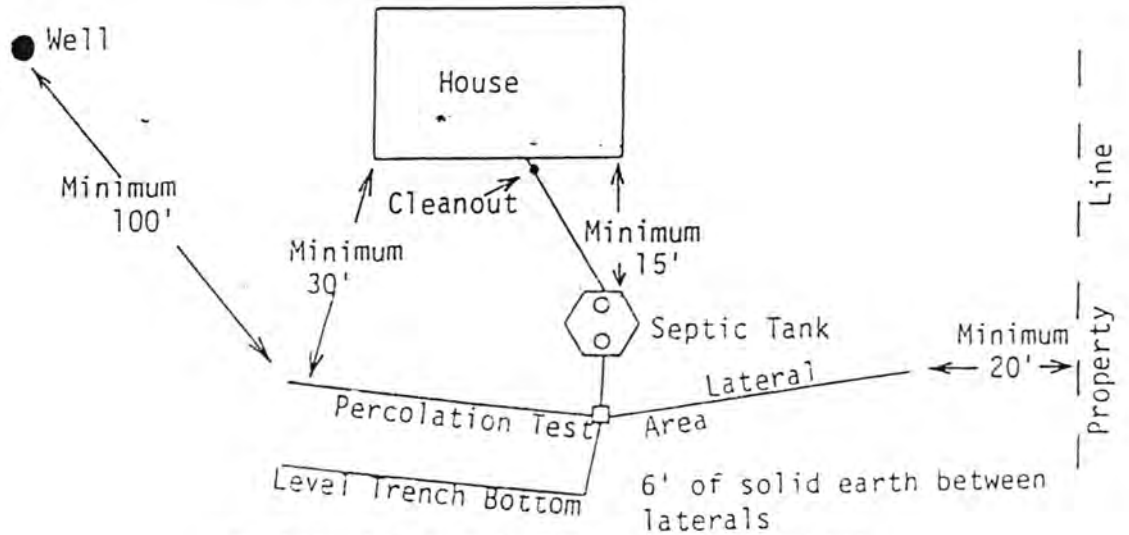
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 62 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 100+ ft.; Stream NA ft.; Pressure Line NA ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 16 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream NA ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
3. Distance from Septic Tank 20 ft.

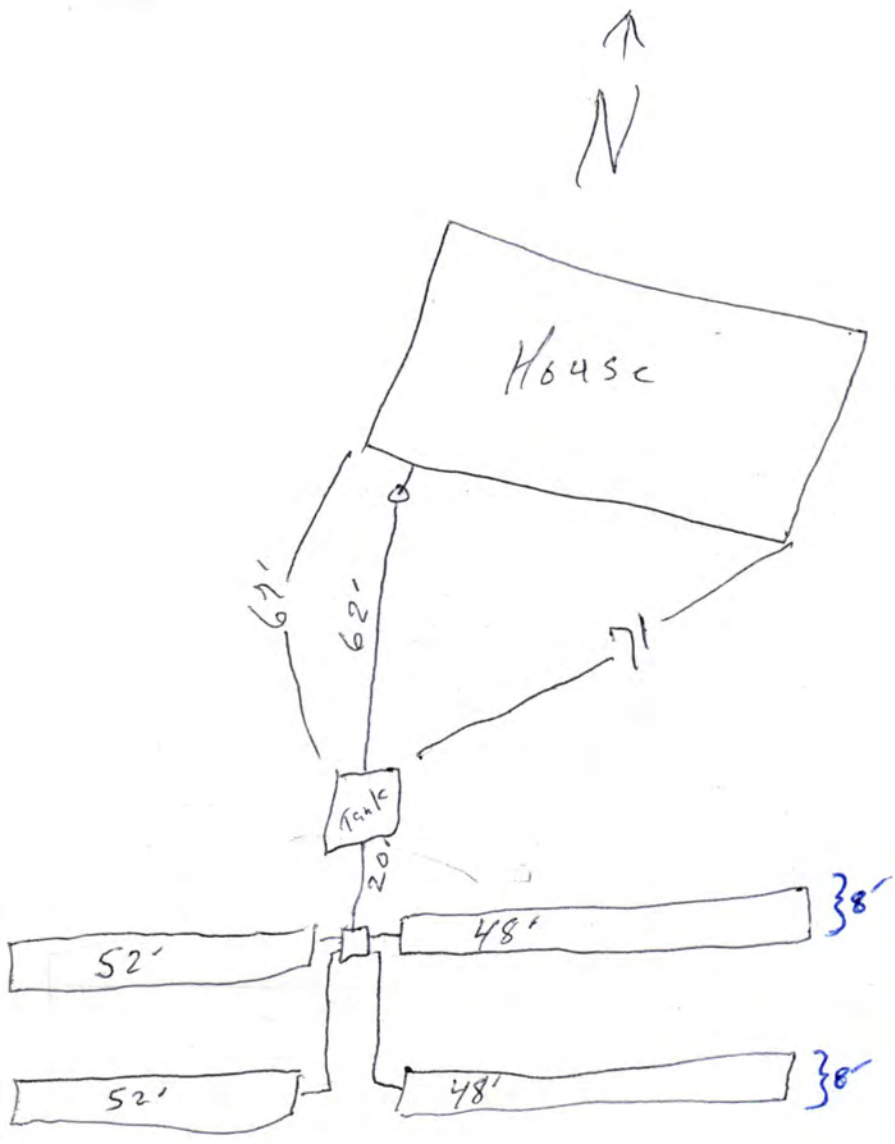
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 52 , 52 , 48 , 48 , _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 8 ft.;
Slope 2 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 30 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream NA ft.; Pressure Line 100+ ft.; Property Line 100+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Check Recac

Installed By
Vogt T&T Excavating



REZAC CONSTRUCTION

1830 West Burnham
Lincoln, NE 68522
(402)423-2212

T E L E F A X

DATE: November 17, 1993
TO: Jerry Hood
COMPANY: Lancaster Health Dept
FAX #: 441-8323
FROM: Chuck Rezac
SUBJECT: 4921 SW 112th / Septic Dimension Layout

* *

NUMBER OF PAGES FAXED INCLUDING COVER PAGE: 4

* *

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF ANY OF THE PAGES ARE NOT LEGIBLE, PLEASE CALL REZAC CONSTRUCTION AT (402)423-2212.

THANK YOU!

COMMENTS: _____

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

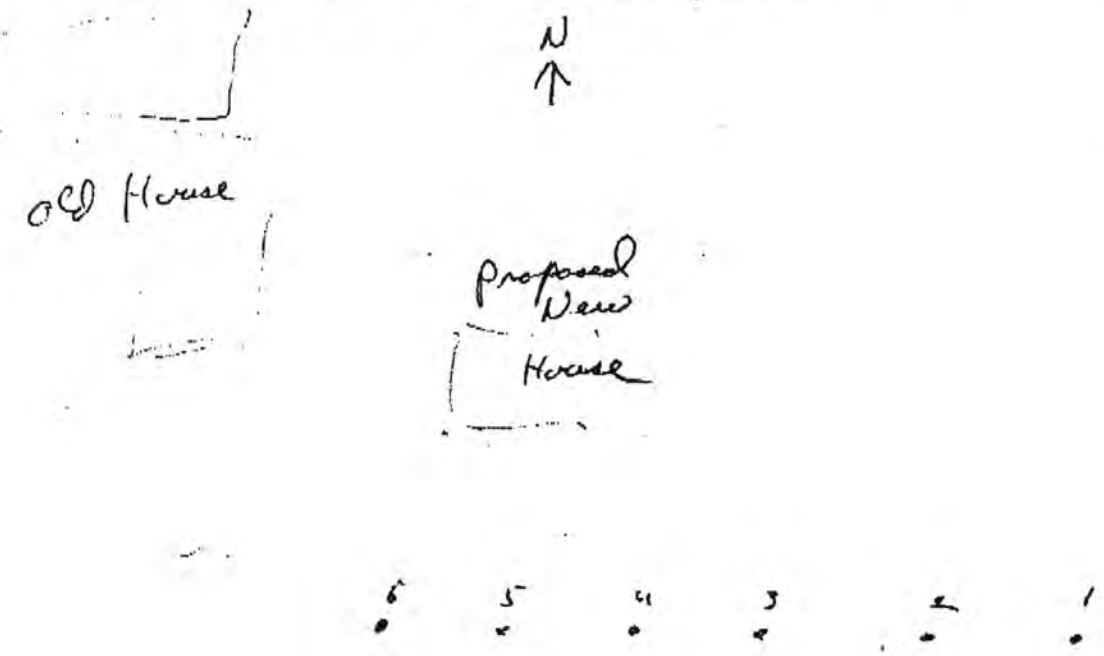
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals
2. Total Length of Laterals_____ft
3. With a Trench Width of_____in
4. Total Area of Lateral needed_____sq.ft

_____
Signature of Reviewing Official

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .

Dates of Tests: 11-16 to 11-17-93. Weather: Precip. _____ Temp. _____

X OWNER: _____

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Water Level (in.)	Time (Hr./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	11-16	3:30	11-17	8:30	11-17	11:05	8¼	11:35	8½	30	¼	
2								12⅛		12⅛		—	
3								13		13⅛		⅛	
4								18½		18¾		¼	
5								15¾		16		¼	
6								12		13		1	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Schwab Tiensberg
Signature of Person Conducting Test

Address 8200 O St Lincoln Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: November 18, 1993

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

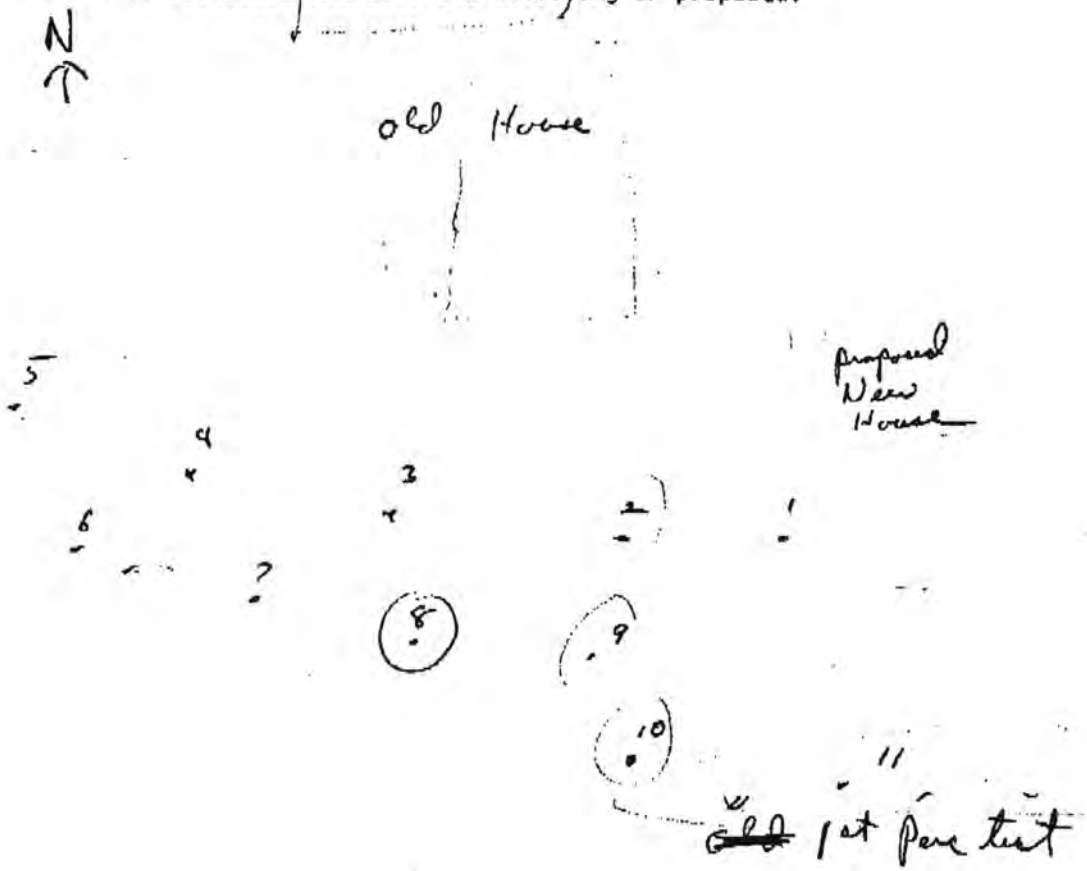
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMEN
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals
2. Total Length of Laterals_____ft
3. With a Trench Width of_____in
4. Total Area of Lateral needed____sq.ft

_____
Signature of Reviewing Official

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____

OWNER: _____

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Water Level (in.)	Time (Hr./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./i
1	30	11/15	2:00	11/16	7:00	11/16	8:45	10 7/8	9:15	11	30	1/8	
2								14 1/2		15		1/2	
3								9 1/8		9 1/4		1/8	
4								12 1/2		12 1/2		—	
5								16 1/8		16 1/8		—	
6								12 7/8		13		1/8	
7								12 3/4		12 7/8		1/8	
8								15 1/4		16 5/8		1 1/8	
9		1					1	12 7/8		13 1/8		1/4	
10								13 1/4		14 1/4		1	
11								9 1/4		9 1/4			

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Larry Schumacher Trucking
Signature of Person Conducting Test

Address 8200 old Cheney Rd Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: November 18, 1993

Approved Percolation Rate (a)
A. 80 min./incl
B. _____ min./incl
C. _____ min./inc

Jerrold C. Hood
Signature of Reviewing Offic